

Case Number:	CM15-0101746		
Date Assigned:	06/04/2015	Date of Injury:	09/15/1993
Decision Date:	07/09/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/27/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 57 year old female, who sustained an industrial injury on 09/15/1993. She has reported injury to the neck and back. The diagnoses have included severe low back pain; failed back surgery syndrome lumbar spine; cervical spine pain; cervicogenic headaches; bilateral lower extremity radiculopathy; status post lumbar fusion L3-S1; and status post cervical fusion C6-7. Treatment to date has included medications, diagnostics, cervical epidural steroid injections, lumbar epidural steroid injections, spinal cord stimulator, physical therapy, home exercise program, and surgical intervention. Medications have included Norco, Opana ER, Ambien, Lidoderm patch, and Clonazepam. A progress note from the treating physician, dated 03/26/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of neck pain averaging at 7/10 on the pain scale, and at times reaching 10/10 in intensity; the neck pain is mostly centered at the base of her neck and radiates into the region of her right scapula; intense occipital headaches that radiate to her head; the medications help with the pain, but even then the pain is moderately severe; low back pain; the low back pain, which occurs around the waistline and radiates into her sacrum; frequent pain flares and was recently bedbound for approximately a month because of the pain; back pain is currently rated 5-6/10 in intensity; pain radiates into her legs; she is requesting her spinal cord stimulator be removed; and reports past injections work adequately to control her symptoms of pain. Objective findings included widespread reduction in range of motion of her neck and lumbar spine; substantial lower extremity edema involving the thighs, legs, and feet; and hypersensitivity to mild palpation about her lumbar spine, sacrum, and legs. The treatment plan has included the request for

interlaminar cervical epidural steroid injection (ESI), C6-C7; and interlaminar lumbar epidural steroid injection (ESI), L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Interlaminar cervical epidural steroid injection (ESI), C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46 of 127.

Decision rationale: Regarding the request for cervical epidural steroid injection, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, there are no recent subjective complaints or physical examination findings supporting a diagnosis of radiculopathy, and no MRI or electrodiagnostic studies supporting a diagnosis of radiculopathy. In the absence of such documentation, the currently requested cervical epidural steroid injection is not medically necessary.

Interlaminar lumbar epidural steroid injections (ESI), L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46 of 127.

Decision rationale: Regarding the request for repeat Lumbar epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or two transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, there is no indication of at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks as well as functional improvement from previous epidural injections. As such, the currently requested repeat lumbar epidural steroid injection is not medically necessary.

